RECHIVED Date/Time Stamp SECRETARY OF THE SENATE PUBLIC BEOORDS

COVER SHEET FOR AMENDMENT OF AM 10: 43 POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a posttravel filing you have already submitted. SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING Viviana Bovo Name of Traveler: Rubio Employing Office/Committee: Malaria No More May 30-31, 2017
Travel Date(s):________Amended RE-2 Form Description/Title of Attached Forms: Post-travel submission Purpose of Amendment (describe the reason for amending original submission): must be amended with the Office of Public Records in SH-232. (Signature of Traveler) (Date)

Employee Post-Travel Disclosure of Travel Expenses				Date/Time Stamp:
Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.				17 JUN 21 AM 11: 16
In compliance with Rebe reimbursed/paid for	ule 35.2(a) and (c), I in me. I also certify the	make the following disclo at I have attached:	osures with respect t	o travel expenses that have been or will
☐ The <u>original</u> Emple	oyee Pre-Travel Auth	orization (Form RE-1), gertification Form with all	AND attachments (itinera	ary, invitee list, etc.)
Private Sponsor(s) (lis				
-> Travel date(s): May	30- June 1	Ma	y 30-3	> \
Name of accompanying Relationship to Travelous IF THE COST OF LODGING CONCLUDE LODGING CONC	cr: Spouse GING DID NOT INCR	Child	OMPANYING SPOL	JSE OR DEPENDENT CHILD, ONLY
Expenses for Employ	ee:			
-	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☑ Good Faith Estimate ☐ Actual Amount	Flights: \$697 Vans in PAP for 2 days: \$30	PAP: \$199 and \$171 *Note: 1 additional night in PAP due to canceled flight	\$75 in PAP	\$15 for waters and sunscreen
Expenses for Accomp	anying Spouse or Do	epeadent Child (if application	able):	<u> </u>
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate	-			
☐ Actual Amount		<u> </u>		
oldet at US	Embassy	with Country-	tean, CD	Artach additional pages if On Harages 2, USAID to discuss
	programs 1	n Haiti. Wor	King dime	rufith U.N. toundation
9/19/17	IVIA	va Boro		(see more attac
O (Date) O TO BE COMPLETED	•	AMENABER (OFFICER)		(Signature of traveler)
_		MEMBER/OFFICER:		*1
Authorization form, are	necessary transportat	is set out above in connection, lodging, and related	tions with travel des expenses as defined	scribed in the <i>Employee Pre-Travel</i> in Rule 35.

(Revised 1/3/11)

(Date)

(Signature of Supervising Senator/Officer)

Employee Post-Travel Disclosure of Travel Expenses Form RE-2 (Supplemental information from original form)

Senate Staff
Viviana Bovo
Senior Advisor for Western Hemisphere Affairs
Office of Senator Marco Rubio
Viviana_bovo@rubio.senate.gov

Malaria No More

Meetings and events attended included the following:

On May 31

We had a working breakfast with Malaria No More representatives, and CDC representatives to go over the agenda for the day. We toured Hospital Foyer Saint Camille and discussed with Malaria partners including local health specialists the joint work with CDC and Malaria No More to fight Malaria in Haiti. Afterwards, we toured the National Laboratory and Insectary and learned from the Director and his team about the outreach programs with Malaria Zero partners that are working on a campaign to tackle Malaria in rural communities and remote areas in Haiti. Our last visit for the day included a visit to Handicap International at the Healing Hands for Haiti Center. The Program Director briefed the group and discussed the mission of the center, provided a tour of the orthotic and prosthetic workshop and the benefits provided to disabled children and adults in Haiti.